

Maine Workers' Compensation Boardd
Release 3-FROI Edit Matrix by Data Element Number

DRAFT 11/18/04

Sorted by Error Message & DN	Overview: The Me WCB Edit Matrix, based on the Me R3 Element Requirement Table data element requirements, conveys which data elements have edits that may be applied to them and provides standard error messages in association with these edits. The Data Element Numbers and Data Element Names are listed down the left column while the Error Message Numbers and associated Error Message Names are listed across the top of the table. Note: Refer to the IAIABC Error Message Dictionary, located on the IAIABC website at www.iaiaabc.org, for error message definitions and examples.	
	Edit Matrix Population Legend: F = Edit applies to the data elements deemed mandatory for a transmission/transaction to be processed. L = Edit applies to the data elements based on the requirements indicated on the Element Requirement Table.	
DN	IAIABC Data Element Name	Error
0000	Entire Batch	
0001	Transaction Set ID	F
0002	Maintenance Type Code	F
0003	Maintenance Type Code Date	F
0004	Jurisdiction Code	F
0005	Jurisdiction Claim Number	L
0006	Insurer FEIN	L
0007	Insurer Name	
0010	Claim Administrator Mailing Primary Address	
0011	Claim Administrator Mailing Secondary Address	
0012	Claim Administrator Mailing City	
0013	Claim Administrator Mailing State Code	
0014	Claim Administrator Mailing Postal Code	F
0015	Claim Administrator Claim Number	F
0016	Employer FEIN	
0017	Insured Name	
0018	Employer Name	F
0019	Employer Physical Primary Address	
0020	Employer Physical Secondary Address	
0021	Employer Physical City	
0022	Employer Physical State Code	
0023	Employer Physical Postal Code	
0025	Employer Industry Code	
0026	Insured Report Number	
0027	Insured Location Identifier	
0028	Policy Number	
0029	Policy Effective Date	
0030	Policy Expiration Date	
0031	Date of Injury	F
0032	Time of Injury	
001		Mandatory field not present
018		Number of Days Worked must be 0-7
019		Days must be 0-6
028		All digits must be 0-9
029		Must be a valid date (CCYYMMDD)
030		Must be A-Z, 0-9, or spaces
031		Must be a valid time
033		Must be <= Date of Injury
034		Must be >= Date of Injury
035		Must be >= Initial Date Disability Began
036		Must be <= Employee Date of Death
037		Must be <= Maintenance Type Code Date
038		Must be >= Start Date
039		No match on database
040		All digits cannot be the same
041		Must be <= current date
042		Not statutorily valid
044		Value is > required by jurisdiction
045		Value is < required by jurisdiction
050		No matching Subsequent Report (A49)
053		No matching First Report of Injury (148)
055		Must be < Employee Date of Hire
057		Duplicate Batch/Transaction
058		Code/ID invalid
059		Non-match data value not consistent with value previously reported
060		Previous paper documentation not received
061		Event Table criteria not met
062		Required segment not present
063		Invalid event sequence
064		Invalid data relationship
065		Corresponding report/data not found
066		Invalid record/transaction count
067		Must be >= Policy Effective Date
068		Must be <= Policy Expiration Date
100		No leading/embedded spaces
101		MTC not approved for production
102		Must be <= Initial Date Disability Began
103		Same code received in multiple variable segments
104		Must be >= Current Date Disability Began
105		Must be <= Current Date Disability Began
106		Invalid batch structure
107		Variable segment counter > maximum value allowed
108		Expected field not present
109		Must be >=Employee Date of Hire
110		Date Must be >= Jurisdiction Implementation Date
111		Must be valid content
112		Must be >=Initial Date Last Day Worked
113		Must be >= Initial Return to Work Date
114		Must be >= Current Date Last Day Worked
117		Match data value not consistent with value previously reported
118		Trading Partner not approved to submit data for Insurer/claim admin

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